

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>MH-23561</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: MH-23561

SERFF Tr Num: SFMA-125648315 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 04.0002 Mobile Homeowners

Co Tr Num: MH-23561

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Authors: Richard Haberer, Sheri Anderson

Disposition Date: 05/28/2008

Date Submitted: 05/22/2008

Disposition Status: Filed

Effective Date Requested (New): 09/15/2008

Effective Date (New): 09/15/2008

Effective Date Requested (Renewal): 09/15/2008

Effective Date (Renewal): 09/15/2008

State Filing Description:

General Information

Project Name: MH-23561

Status of Filing in Domicile: Not Filed

Project Number: MH-23561

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the pricing of the optional Identity Restoration Coverage endorsement.

This new optional coverage will provide an annual aggregate limit of \$25,000 for a premium of \$25. No deductible will apply to losses submitted under this coverage.

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>MH-23561</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

The endorsement has been filed under a companion filing, MH-23562.

Sincerely,

Kathy Popejoy
 Asst Vice Pres & Actuary
 (309)766-2325
 kathy.popejoy.a0gq@statefarm.com

Company and Contact

Filing Contact Information

Kathy Popejoy,	kathy.popejoy.a0gq@statefarm.com
One State Farm Plaza	(309) 766-2325 [Phone]
Bloomington, IL 61710	(309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$100.00 per filing X 1 filing = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$100.00	05/22/2008	20459601

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>MH-23561</i>		
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<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/28/2008	05/28/2008

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>MH-23561</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Disposition

Disposition Date: 05/28/2008

Effective Date (New): 09/15/2008

Effective Date (Renewal): 09/15/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFMA-125648315	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$100
Company Tracking Number:	MH-23561		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	MH-23561		
Project Name/Number:	MH-23561/MH-23561		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Manual pages	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual pages	See attached	Replacement	armhidr.pdf

DISCOUNTS, CHARGES AND OPTIONS**INDEX**

DISCOUNTS, CHARGES, OPTIONS	PROVIDED BY	PARAGRAPH NUMBER
Additional Insured	Option AI in Policy or Endorsement	24
Business Property - Increased Limits	Option BP in Policy	27
Business Pursuits	Option BU in Policy	44
Child Care	Endorsement	43
Coverage B - Increased Limits	Declarations Page	18
Dwelling Extension - Other Structures - Increased Limits - Off Premises Structures	Declarations Page Endorsement	20 21
Earthquake Coverage	Endorsement	26
Firearms	Option FA in Policy	16
Home Computers	Option HC in Policy	23
Identity Restoration	Endorsement	19
Incidental Business	Option IO in Policy	42
Jewelry and Furs - \$2500 Limit - \$5000 Limit	Option JF in Policy Option JF in Policy	15
Joint Ownership - Seasonal Dwelling	Endorsement	1
Loss Assessments	Endorsement	22
Nurses' Professional Liability	Endorsement	46
Personal Injury	Endorsement	45

State Farm Fire and Casualty Company
 Manufactured Home Program
 ARKANSAS

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DISCOUNTS, CHARGES AND OPTIONS

> 19. IDENTITY RESTORATION

Coverage may be provided to assist an insured whose identity has been used for fraudulent purposes. This endorsement provides a maximum limit of \$25,000. There will be no deductible applied to the loss under this endorsement.

Premium
\$25

ATTACH: Identity Restoration Coverage Endorsement FE-3301

NOTE: The premium developed for Identity Restoration coverage is excluded from the minimum premium calculation.

20. OTHER STRUCTURES – INCREASED LIMITS

The basic policy provides a limit of liability for other structures equal to 10% of Coverage A. Increased limits can be provided for other structures on the premises. The coverage will be the same as the basic policy and will be rated on the total value of the other structures in excess of 10% of Coverage A.

If an earthquake endorsement is attached to the policy, it applies to this coverage. (In this case, a separate charge for Increased Other Structures must also be made under Paragraph 26 – Earthquake.)

Policy Deductible	Rate Per \$1,000
\$ 500	\$6.00
1000	4.85
2000	4.20

<i>SERFF Tracking Number:</i>	<i>SFMA-125648315</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>MH-23561</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MH-23561</i>		
<i>Project Name/Number:</i>	<i>MH-23561/MH-23561</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	05/28/2008
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Comments:

Attachments:

AR 23561 PC TD-1 - P-C Transmittal Document.pdf
AR 23561 PC RRFS-1 - Rate-Rule Schedule.pdf

Property & Casualty Transmittal Document

Arkansas


**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	

3. Group Name	State Farm Insurance Companies				Group NAIC #
					0176
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
State Farm Fire and Casualty Company	Illinois	25143	37-0533080		

5. Company Tracking Number	MH-23561
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kathy Popejoy State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Actuary and Assistant Secretary- Treasurer	(309) 766-2325	(309) 766-0225	kathy.popejoy.a0gq@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Kathy Popejoy		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0
10. Sub-Type of Insurance (Sub-TOI)	04.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Manufactured Home Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14. Effective Date(s) Requested	September 15, 2008.
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	May 21, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	MH-23561
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We respectfully request your approval of the pricing of the optional Identity Restoration Coverage endorsement.

This new optional coverage will provide an annual aggregate limit of \$25,000 for a premium of \$25. No deductible will apply to losses submitted under this coverage.

The endorsement has been filed under a companion filing, MH-23562.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$100.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	MH-23561
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	MH-23562
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
State Farm Fire and Casualty Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	770, 775	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	